

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William D Reynolds
 7013 State Route 221
 Georgetown, OH 45121

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X William D. Reynolds Agent
 Addressee

B. Received by (Printed Name)

Col. William D. Reynolds *10/24*

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7001 2510 0008 6348 5116

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540